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| APPLICATION FOR RECYCLING ASSISTANCE GRANT - FY2009 | | 1. DATE SUBMITTED: | | 2. DATE RECEIVED BY STATE: | |
| 3. APPLICANT INFORMATION Is this proposal being submitted to another agency? | | | | | |
| 4. ORGANIZATION'S LEGAL NAME: | | | 5. NAME AND TELEPHONE NUMBER OF THE PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION | | |
| 6. ADDRESS (give city, county, state, and zip code): | | | 7. LIST ALL PARTNERS FOR THE PROJECT | | |
| 8. EMPLOYER IDENTIFICATION NUMBER (EIN) – if applicable: <hr/> <hr/> <hr/> | | | 9. PROJECT OBJECTIVES (attach additional pages if necessary) | | |
| 10. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): Increase award & modify indirect rate | | | 13. DESCRIPTIVE TITLE OF PROJECT: | | |
| 11. PROJECT NAME: | | | 12. AREAS IMPACTED BY PROJECT (cities, counties, developments, community, school etc.): | | |
| 14. MATERIALS TARGETED AND ESTIMATE OF WASTE DIVERSION (attach additional pages if necessary): | | | | | |
| 15. MARKET FOR TARGETED MATERIALS AND/OR APPLICATION OF DIVERTED MATERIAL (attach additional pages if necessary): | | | | | |
| 16. Start Date | | 17. Ending Date | | 18. Number of Individuals Impacted: | |
| 19. ESTIMATED FUNDING: | | | 20. Brief Project Description including a discussion of how the project will meet the Grant Criteria listed in the Program Criteria and Requirements (attach up to four additional pages as necessary): | | |
| a. State | | | | | |
| b. Applicant Match: | | | | | |
| In-Kind | | | | | |
| Cash | | | | | |
| g. TOTAL | | | 21. IS THE APPLICANT DELINQUENT ON ANY FEDERAL or STATE DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> No | | |
| 22. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Typed Name of Authorized Representative | | | Program Manager | | c. Telephone number |
| d. Signature of Authorized Representative | | | e. Date Signed | | |